

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1657

State File No. ....

FILED JAN 15 1951

BIRTH NO. ....		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5625</u>		Registrar's No. <u>403</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY OR TOWN <u>Sleeper</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS <u>Rural Route</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (years last birthday)	
a. (First) <u>Charles</u>		b. (Middle) <u>De Hart</u>		c. (Last) <u>Mills</u>		6. DATE (Month) (Day) (Year) <u>January 3 1951</u>	
7. SEX <u>Male</u>		8. COLOR OR RACE <u>white</u>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		10. DATE OF BIRTH <u>Dec. 24 1897</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		13. BIRTHPLACE (State or foreign country) <u>Indiana</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15a. FATHER'S NAME <u>Silas Mills</u>		15b. MOTHER'S MAIDEN NAME <u>Kathern Vanatta</u>		16. NAME OF HUSBAND OR WIFE <u>Helen Mills</u>			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War 1 &amp; 2</u>				18. SOCIAL SECURITY NO. ....		19. INFORMANT'S SIGNATURE OR NAME <u>Helen Mills Sleeper Mo.</u>	
20. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				21. MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6-7 yrs</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS			
ANTECEDENT CAUSES				DUE TO (b) <u>with arteriosclerosis</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Congenital Heart disease</u>			
22a. DATE OF OPERATION				22b. MAJOR FINDINGS OF OPERATION			
23a. ACCIDENT SUICIDE HOMICIDE (Specify)				23b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
24a. TIME OF INJURY (Month) (Day) (Year) (Hour)				24b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
25a. I hereby certify that I attended the deceased from <u>22 Nov</u> , 19 <u>49</u> , to <u>3 Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept</u> , 19 <u>51</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.				26. HOW DID INJURY OCCUR?			
27a. SIGNATURE <u>Tamie A. Jenkins M.D.</u> (Degree or title)				27b. ADDRESS <u>Lebanon</u>		27c. DATE SIGNED <u>1-5-1951</u>	
28a. BURIAL, CREMATION, REMOVAL (Specify)		28b. DATE <u>Jan 5, 1951</u>		28c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		28d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
29a. DATE REC'D BY LOCAL REG. <u>1-12-1951</u>		29b. REGISTRAR'S SIGNATURE <u>Hella L. Blaylock</u>		29c. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		29d. ADDRESS <u>Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1951  
JAN 15

Received ..... JAN 13 1951  
Laclede County Health Unit  
File No. .... 1-51-5  
Date Filed ..... JAN 15 1951

VS MAY 6 1950  
JAN 17 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.